

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO. 107184903 FILING DATE

APPLICANT(S)

CLAIMS

NO.	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2	1		1			
3	1					
4	1					
5	4		4			
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20	1		1			
21	4		4			
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TOTAL IND.
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TOTAL CLAIMS

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